

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|-----------|--------|----------|
| FEE DETERMINATION | <i>mc</i> | | 10/15/99 |
| O.I.P.E. CLASSIFIER | | 48 | 10/20/99 |
| FORMALITY REVIEW | <i>TD</i> | 60916 | 10/27/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|--------|
| 1 | ✓ | ✓ | May 10 |
| 2 | ✓ | ✓ | May 10 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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